

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36140**

FILED NOV 21 1950

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>285</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone County</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) <u>33 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cairo</u> <u>0880</u> d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>			
3. NAME OF DECEASED (Type or Print) <u>George Alfred Halterman</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 11 - 1950</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>3-3-'73</u>		9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>8</u>		11. DAYS <u>21</u>	
12. HOURS <u>15</u>		13. MIN. <u>15</u>		14. BIRTHPLACE (State or foreign country) <u>Randolph County Mo.</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		17. KIND OF BUSINESS OR INDUSTRY		18. FATHER'S NAME <u>Unknown</u>		19. MOTHER'S MAIDEN NAME <u>Unknown</u>	
20. NAME OF HUSBAND OR WIFE <u>Mattie Halterman</u>		21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		22. SOCIAL SECURITY NO. <u>Unknown</u>		23. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George A. Halterman</u>	
24. ADDRESS <u>Cairo Mo</u>		25. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYELOCYTIC LEUKEMIA</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HISTOPLASMOsis</u>		26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION	
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RECEIVED 11-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-20-51

NOV 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

R. M. Cate

Licensed Embalmer No. 4417

P. O. Address J. M. Cate

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.